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Appropriations Committee
Health and Hospitals - Department of Public Health
February 23, 2017

Comments from the American Cancer Society Cancer Action Network on H.B. No. 7027 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2019, AND MAKING APPROPRIATIONS THEREFOR.

Re: Health and Hospitals - Department of Public Health - Tobacco Control

The American Cancer Society Cancer Action Network (ACS CAN) is pleased to provide comments on H.B. No. 7027 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2019, AND MAKING APPROPRIATIONS THEREFOR. ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society that supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

During these challenging economic conditions it is understandable that difficult choices have to be made. These are decisions that need to be made with careful and deliberate consideration, and we recognize and appreciate the efforts of the legislature in achieving that end. As careful as these decisions need to be, there also needs to be deliberation regarding the long-term effects that specific actions may have. In 2017 it is estimated that approximately 21,900 Connecticut residents will be diagnosed with cancer while 6,610 will die from the disease[i].

<u>Tobacco Control and Prevention Funding</u>

We are gratified the Governor's proposal does not alter the statutory restoration of the transfer of $6 million in funds from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund for tobacco control and prevention programs in Connecticut for FY '18. Tobacco control funding has been suspended for two years, which has severely impacted our ability to control the ever-increasing toll tobacco use costs our health and economy.

We recognize and acknowledge the fiscal difficulties enveloping every aspect of the budget, nevertheless, we strongly urge the committee to maintain the $6 million transfer for both FY '18 and '19.

Despite significant progress since the first Surgeon General's report, issued 50 years ago, tobacco related diseases are the single most preventable cause of death in our society, yet according to DPH statistics, tobacco use continues to kill more people in Connecticut each year than alcohol, AIDS, car crashes, illegal drugs, accidents, murders and suicides *combined*.

The good news is that state and local governments can reduce tobacco use, save lives and save money by implementing three proven solutions to the problem: 1) Implementing smoke-free laws 2) Regular and significant increases in tobacco taxes and 3) Fully funding evidence based tobacco prevention and cessation programs. Separately each approach can help, but putting into place all three of these strategies will maximize the benefits to the states. This year, Connecticut has the opportunity to make significant progress on all three.

A 2013 study published in the *American Journal of Public Health* found that between 2002 and 2008, each of these measures separately contributed to declines in youth smoking and together they reduced the number of youth smokers by about 220,000. The study also found that states could achieve far greater gains if they more fully implemented these proven strategies[ii].

Tragically, 4,900 adults will die in Connecticut from smoking this year while 1500 kids will become smokers.[iii]. Statistically speaking, therefore, two or three people in Connecticut will have died from causes related to tobacco use during the course of this hearing today. Sadly, someone in Connecticut will have tried tobacco for the first time during the course of this hearing as well

Connecticut receives over $500 million annually between the MSA funds and tobacco tax revenue. Over the years, however, less than 1% of the cumulative total has been spent in support of smoking cessation services. In 2013 we spent $6 million on TUC, for 2014 and 2015 that number was cut in half. However for FY '16 and FY '17, that number is zero. *Our children are worth more than zero*.

It gets worse. Since it's inception in 2000, the Tobacco and Health Trust fund has been raided or had funds redirected 67 times. Of the total deposits into the THTF since 2000, only $29.7 million will have been spent on tobacco control while $195.7 million has been redirected to non –tobacco related programs, including $134 million redirected directly into the General Fund[iv].

The CDC recommends $32 million be spent on tobacco control programs in Connecticut *per year*. To put it starkly, we have dedicated a cumulative total of $29.7 million for tobacco control during those 16 years-- *$2.3 million less than the CDC recommends we spend annually*. While the state has continually underfunded programs with proven results and for the last two years has eliminated funding them altogether, *Connecticut incurs $2.03 billion in annual health care costs.*

We can, should and need to do more. We know what can be done, what has a demonstrably proven level of success and at what cost and with a reasonable expectation on return of investment.

The 2014 Surgeon General's report found, "States that have made larger investments in comprehensive tobacco control programs have seen larger declines in cigarettes sales than the nation as a whole, and the prevalence of smoking among adults and youth has declined faster, as spending for tobacco control programs has increased.[v]" The report concluded that long-term investment is critical: "Experience also shows that the longer the states invest in comprehensive tobacco control programs, the greater and faster the impact."

States that have funded tobacco control have indeed seen results:

- Washington State saw a 5-1 savings with their program between 2000-2009 and cut adult smoking by a third and youth smoking in half[vi].
- Florida, which has a constitutional amendment that provides $66 million per year, has seen their adult smoking rate plummet from 21.1% in 2007 to 16.8% in 2014 and their youth smoking rate drop to 6.9% in 2015 from a high of 10.5% in 2006[vii].
- In California, lung cancer rates declined by a third between 1988 and 2011[viii].
- Alaska, one of only two states to fully fund according to the CDC recommendations, has cut its high school smoking rate by 70% since 1995[ix].
- Maine reduced its youth smoking rates by two thirds between 1997-2013[x].

70% of Connecticut's smokers indicate they want to quit while 40% attempt to quit each year, however only about 5% are successful. Many fail because, in part, of a lack of access to successful cessation programs. Funding tobacco use prevention and cessation programs that alleviate this burden on our citizens and economy are not only consistent with our shared goal of insuring access to care to those in need, it is also the only fiscally responsible approach we can take.

Breast and Cervical Cancer Early Detection Program

ACS CAN applauds the Governor for fully funding, at the existing level of $2.145 million, the state Breast and Cervical Early Detection Program (BCCEDP) through the Insurance Fund.

The Affordable Care Act is helping to improve insurance coverage, raise awareness, and reduce the costs of breast and cervical cancer screenings for women, by requiring private insurers, Medicare, and Medicaid expansion programs to cover routine preventive services at no cost to the patient. However, millions of underinsured and uninsured women across the country still do not have access to these lifesaving screenings. Low-income women, particularly minorities, often face later stage cancer diagnoses; have less access to diagnostic and treatment services; and lower survival rates.

The Connecticut Breast and Cervical Cancer Early Detection Program provides free pap tests to women aged 21 to 64 and mammograms to women 40 to 64 who are uninsured or underinsured and have income below 250% of the federal poverty line. These services include: routine breast and cervical cancer screenings and exams, patient navigation, care coordination, quality improvement and surveillance and monitoring of women with either a cancer diagnosis or abnormal test results, in an effort to detect cancers at its earliest stages when the chances for survival are the greatest.

Maintaining funding of $2.145 million annually for the program will preserve a critical safety net for thousands of Connecticut women, who will continue to lack access to essential screening, diagnostic, and treatment services.

The need is clear-- breast and cervical cancers have alarming incidence and death rates for Connecticut residents. Breast cancer is the most commonly diagnosed cancer among women in Connecticut; furthermore the state has the second- highest incidence of female breast cancer in the nation and ranks 35th in the nation for breast cancer mortality. The survival rate for cervical cancer would be over 90% if all women over the age of 18 who are sexually active had a Pap test on a regular basis.

While we have the prevention screenings available, without appropriate funding for this program, the screenings will not reach significant numbers of eligible residents.

The program is funded with 30% federal dollars and 70% state funding. Overall, according to the Department of Public Health, in FY ’16: 3,892 women received 3,435 clinical breast exams, 2,555 mammograms, and 1,911 Pap tests with 1,470 HPV co-testing through BCEEDP funding. With program funding, 23 women were diagnosed with breast cancers and referred for treatment. An additional 10 women had precancerous cervical lesions removed before developing cervical cancer.

Once diagnosed with precancerous cervical lesions, many women are fast-tracked to Medicaid covered through the Cancer Treatment Act. 41 women were diagnosed through the program with precancerous cervical lesions.

The 3,892 women screened represent 0.8% of the target population ages for 21-64 to receive early detection and prevention services and 5.2% of that population considered to be uninsured.

ACS CAN recognizes the enormous impact the Connecticut Breast and Cervical Cancer Early Detection Program has delivered in saving the lives of low-income, uninsured and underinsured women diagnosed with breast and cervical cancer. The proven success of this early detection program demands funding levels that will provide access to these services for all eligible women. Maintaining state funding of $2.145 million for FY ’18 and FY ‘19 for breast and cervical cancer screenings for low income, uninsured or underinsured women through the program is vital so that no woman is denied these life-saving services.

Addition of Human Papillomavirus Vaccine to Connecticut Vaccine Program

ACS CAN strongly believes in preventing cancer before it develops and in detecting cancer early, when it is more easily treated. We support policies that remove barriers to care and increase access to cancer screening and early detection services.

HPV are a group of more than 150 related viruses and HPV infections are very common - nearly 80 million people in the US are currently infected with HPV[xi]. Each year, approximately 30,700 men and women are diagnosed with cancers caused by the human papillomavirus (HPV)[xii]. HPV causes over 90 percent of cervical cancers, 69 percent of vulvar cancers, 75 percent of vaginal cancers, 63 percent of penile cancers, 91 percent of anal cancer, and 72 percent of oropharyngeal cancers[xiii].

Vaccines are available to help prevent infection by certain types of HPV and some of the cancers linked to those types. All HPV vaccines help prevent infection by HPV-16 and HPV-18. These 2 types cause about 70% of all cervical cancers and pre-cancers, as well as many cancers of the anus, penis, vulva, vagina, and throat[xiv]. The HPV vaccine produces the strongest immune response in preteens. To work best, the HPV vaccines should be given at age 11 or 12.

Since the first HPV vaccine was recommended in the US in 2006, prevalence of some types of HPV infections have declined by nearly two-thirds among teenage girls aged 14-19 and over a third among women 20-24 years old[xv]. Despite the vaccine's ability to prevent most cervical, vaginal, vulvar, penile, anal, rectal, and oropharyngeal cancers, vaccination rates remain very low. Only 55 percent of girls and 42 percent of boys in Connecticut are fully vaccinated from HPV.

The HPV vaccine can prevent multiple types of cancer that will reduce Connecticut's cancer burden. The Governor's proposal to make the vaccine available to all 11-12 year old boys and girls through the Connecticut Vaccine Program will help increase vaccination uptake, ultimately reducing cancer incidence and mortality in the state of Connecticut.

Connecticut faces a very real and very serious budget deficit. This fiscal reality will need to be addressed through potentially painful and necessary solutions and all options need to be on the table, including difficult ones. As we continue to feel the impact of this economic downturn, however, it is important that we look for creative ways to utilize our resources that will allow us to protect access to the full range of health care for patients.

Thank you for your consideration of our comments.

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American Cancer Society Cancer Action Network

[i] https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2017/cancer-facts-and-figures-2017.pdf

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[iii] CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/.

[iv] Tobacco and Health Trust Fund Annual Report, 2014 - http://www.ct.gov/opm/lib/opm/secretary/tobacco/2014_tobacco_&_health_trust_fund_report.pdf

[v] U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

[vi] Washington State Department of Health, Tobacco Prevention and Control Program, *Progress Report*, March 2011

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[xiv] American Cancer Society. HPV Vaccines. Updated July 13, 2016. Accessed February 2017. https://www.cancer.org/cancer/cancer-causes/infectious-agents/hpv/hpv-vaccines.html.

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